IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

First Named Inventor: Thomas R. Gandre

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Conf. No.: § Group Art Unit:

Appln. No.: § Examiner:

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Filing Date:

§ Attorney Docket No.: 8850-27US

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Title: TRANSACTION SYSTEM WITH SPECIAL HANDLING OF MICROPAYMENT

TRANSACTION REQUESTS

INFORMATION DISCLOSURE STATEMENT UNDER 37 C.F.R. §1.97(b)

Enclosed is Information Disclosure Citation Form PTO/SB/08A, which cites documents which may be material to the patentability of this application and/or for which there may be a duty to disclose in accordance with 37 C.F.R. §1.56.

In accordance with the official waiver posted July 11, 2003, wherein the U.S. Patent and Trademark Office officially waives the requirement under 37 C.F.R. § 1.98(a)(2)(i) for submitting copies of each cited U.S. Patent and U.S. Patent Application Publications with respect to applications filed after June 30, 2003, we have not included copies of such cited U.S. Patent and U.S. Patent Application Publications. However, we will provide copies upon request. Copies of the non-patent references are attached hereto for the Examiner's convenience.

The filing of this Information Disclosure Statement shall not be construed as an admission that any of the listed documents constitutes prior art, nor as an admission against interest in any manner.

No fee is believed to be due in connection with the filing of this Information Disclosure Statement since it is being filed before the mailing date of the first Office Action on the merits. However, the Commissioner is hereby authorized to charge any deficiencies or credit any overpayments to Deposit Account No. 50-1017 (208850.0027).

It is respectfully requested that this Information Disclosure Statement and the documents listed on the attached Form PTO/SB/08A be considered and acknowledged by the Examiner in connection with the above-identified patent application, be made of record therein, and that the listed documents be cited in the issued patent.

Respectfully submitted,

Thomas R. Gandre et al

March 23, 2004 (Date)

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Form PTO	/SB/08A			Complete if Known						
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